

Indiana Standards for Teachers of Health Education

Introduction

In January of 2006 the Indiana Department of Education, Division of Professional Standards officially adopted the National Health Education Standards (NHES) with some modifications. These standards clearly provide the framework for the competencies needed for teachers of health education in the schools of Indiana. The standards also serve as a framework for organizing the competencies for teaching health and moving toward excellence in health education.

The National Health Education Standards were based upon a comprehensive needs assessment conducted by the Centers for Disease Control and Prevention (CDC). The needs assessment was utilized to determine developmentally-appropriate and culturally-sensitive instructional strategies to address diverse needs of all students. Additional needs assessments were conducted in the school setting to determine the existing Coordinated School Health Program (CSHP) components. These components consist of health education, physical education, health services, healthy school environment, counseling, psychological and social services, nutritional services, family and community involvement and staff health promotion.

Included are the seven standards, key elements for each standard, and the rubric for knowledge, dispositions and performances. Each of the three descriptions provides direction clarity for what teachers need to know (knowledge), what attitudinal precepts are needed (dispositions), and the performances necessary for teaching health. While the knowledge and disposition statements cover all aspects of the standard, performances have been separated for each key element. The key elements expand on the intent of each standard and provide direction and clarity for bringing the standard to fruition.

The rationale and developmental process for the National Health Education Standards can be obtained by visiting www.ncate.org/ProgramStandards/AAHE/AAHEstds.doc. The rationale and developmental process for the Coordinated School Health Program can be obtained by visiting www.healthyyouth.gov.

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Standard 1:

The health teacher assesses individual and community needs for health education.

Key Element A: Health educators obtain health-related data about social and cultural environments, growth and development factors, needs, and interests of students.

Key Element B: Health educators distinguish between behaviors that foster and those that hinder well-being.

Key Element C: Health educators determine health education needs based on observed and obtained data.

Knowledge

Key Elements: A, B, C

The teacher has knowledge of:

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| K1 | valid, reliable and credible sources of data and information about health needs, interests and concerns. |
| K2 | technology-based sources of information. |
| K3 | appropriate data-gathering instruments. |
| K4 | various methods to collect health-related data and information. |
| K5 | physical, social, emotional, intellectual, and other factors that influence one or more health-related behaviors of school-aged youth. |
| K6 | risk and protective factors within the family, school, peer group, and community. |
| K7 | individual behaviors that promote or compromise personal health and well-being. |
| K8 | how cognitive, affective and skill-based learning and other experiences impact patterns of health behavior. |

K9	needs assessment data for diverse student populations.
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K10	criteria for prioritizing areas based on diverse student needs.
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K11	established criteria to identify priority needs for school-based health education and Coordinated School Health Programs (CSHP).
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Dispositions

Key Elements: A,B,C

The teacher:

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| D1 | recognizes and values the need and importance of ongoing assessment to monitor and promote student learning. |
| D2 | recognizes that a variety of assessment strategies are necessary to monitor and promote student learning. |
| D3 | believes in the importance of assessment feedback to both the educational stakeholders and the learners. |
| D4 | values self-directed and life-long learning. |

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Performances

Key Element: A

The teacher:

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- P1 uses multiple formats to select valid, reliable, and credible sources of information about health needs, interests, and concerns.
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- P2 utilizes valid and reliable instruments to assess baseline knowledge, attitudes, perceptions, and skills.
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- P3 utilizes culturally sensitive plans for effective administration of needs assessment instruments and can analyze obtained data.
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Key Element: B

The teacher:

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- P5 compares and contrasts the potential impact of diverse factors on health-related behaviors of school-aged youth.
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- P6 analyzes the relationship between family, school, peer and community risk and protective factors and specified health-related behaviors.
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- P7 predicts immediate and long-range effects of health-related behaviors.
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- P8 examines inter-relatedness of cognitive, affective, and skill-based learning experiences.
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Key Element: C

The teacher:

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- P9 synthesizes multiple sources of qualitative and quantitative needs assessment data.
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- P10 evaluates health-related data to determine priority needs for school-based health education, CSHPs and supporting community programs and services for diverse student populations.

- P11 communicates need for coordinated, collaborative school and community efforts.

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Standard 2:

The health teacher plans effective health education programs, consistent with Indiana Academic Standards for Health Education.

Key Element A: Health educators recruit school and community representatives to support and assist in program planning.

Key Element B: Health educators develop a logical scope and sequence plan for a health education program.

Key Element C: Health educators formulate appropriate and measurable learner objectives

Key Element D: Health educators design educational strategies consistent with specified learner objectives.

Knowledge

Key Elements: A, B, C, D

The teacher has knowledge of:

K1 individuals and/or groups whose cooperation and support will be essential to program success.

K2 other school and community resources and recommendations within the health education program plan.

D7 values planning as collegial and collaborative activity.

D8 values short and long term planning to reach instructional goals.

D9 values the use of multiple instructional strategies to develop competence, cooperation and higher order learning in students.

D10 believes that instructional plans must be open to revision based on learners' needs and changing circumstances.

Dispositions

Key Elements: A, B, C, D

The teacher:

D1 believes that knowledge of all content areas of health education are essential.

D2 believes health education is essential for developing health literacy.

D3 is committed to acquiring current and emerging information related to health concepts and societal issues.

D4 recognizes that health and wellness are multidimensional: physical, spiritual, mental, emotional, and social.

D5 appreciates/promotes positive health behaviors in growth/development of learners.

D6 values the importance of practice opportunities for growth, development and learning.

D11 is committed to continuous learning about pedagogical content and knowledge and their impact on learning.

Performances

Key Element: A

The teacher:

P1 uses persuasive communication skills to justify the need for health education and CSHPs to various audiences.

P2 involves key decision makers, resource people, representatives from community organizations, and potential participants as advisors in the planning process.

P3 obtains broad-based support for the health education program.

P4 demonstrates dispositions and skills to serve as a contributing member of a community

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advisory committee.

Key Element: B

The teacher:

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| P5 | demonstrates in-depth and substantive health knowledge and integrates key concepts. |
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| P6 | addresses physical, mental, intellectual, emotional, social, and spiritual dimensions of health. |
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| P7 | applies health-related skills across multiple health content areas. |
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| P8 | integrates developmentally appropriate and culturally sensitive functional knowledge and skill building experiences for diverse groups of learners within the scope and sequence of proposed health education programs. |
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| P9 | links health concepts and skills with other subject areas. |
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Key Element: C

The teacher:

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| P10 | formulates measurable learner objectives to address state/national standards. |
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| P11 | identifies how health education performance indicators and learner objectives can be addressed and supported within other disciplines. |
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| P12 | delineates how other CSHP components can support the health education scope and sequence. |
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Key Element: D

The teacher:

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| P13 | utilizes new and innovative instructional strategies consistent with “best practice” that support performance indicators and address diverse learning styles. |
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| P14 | proposes multiple strategies within CSHP components to support health instruction. |
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Standard 3:

The health teacher implements health education programs.

Key Element A: Health educators analyze factors affecting the successful implementation of health education and CSHPs.

Key Element B: Health educators select resources and media best suited to implement program plans for diverse learners.

Key Element C: Health educators exhibit competence in carrying out planned programs.

Key Element D: Health educators monitor educational programs, adjusting objectives and instructional strategies as necessary.

Knowledge

Key Elements: A, B, C, D

The teacher has knowledge of:

K1 information about students' previous knowledge, attitudes, perceptions, and skills to determine readiness for proposed instructional strategies.

K2 supports and barriers to successful implementation of health education curricula and CSHPs and strategies to overcome barriers.

K3 diverse learner characteristics and other factors when choosing appropriate materials, technology and media.

K4 state-of-the-art resources, educational media and instructional technology and equipment.

K5 pedagogically sound learning strategies that impact cognitive, affective and skill domains.

K6 developmentally appropriate and culturally sensitive classroom strategies and service-learning experiences to support designated learner objectives.

K7 emerging student questions, concerns and interests on an ongoing basis.

K8 student work as it relates to stated student outcomes.

K9 learner objectives and instructional strategies

Dispositions

Key Elements: A, B, C, D

The teacher:

D1 appreciates individual variations in growth and development and is committed to helping learners become competent and self-confident.

D2 appreciates and values human diversity and shows respect for varied aptitudes and perspectives.

D3 believes that all learners can achieve, feel successful and enjoy healthy lifestyles.

D4 seeks to understand and is sensitive to learners' families, communities, cultural values, and experiences as they related to healthy behaviors.

D5 is committed to helping learners become health literate in addition to obtaining personal wellness.

Performances

Key Element: A

The teacher:

P1 interprets information about students' current knowledge, attitudes, perceptions, and skills.

P2 revises and pilots preliminary instructional strategies that allow for differences in students' readiness to learn.

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- P3 to meet emerging diverse student needs.
identifies strategies to enhance and expand supports for health education and CSHP efforts.

Key Element: B

The teacher:

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- P4 creates educational media that engage all students in meaningful learning experiences.
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- P5 as appropriate, varies learner objectives with different instructional groups.
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- P6 evaluates efficacy of alternative resources and materials to help diverse students meet proposed objectives and support health education and CSHP goals.

Key Element: C

The teacher:

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- P7 applies diverse innovative instructional strategies that accurately match specific learner objectives and performance indicators.
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- P8 demonstrates dispositions and skills to facilitate large and small group discussions to increase students' critical thinking skills.
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- P9 implements health-related skill building strategies within other subject areas.
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- P10 appropriately applies classroom management skills.
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- P11 uses state-of-the-art resources.
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- P12 coordinates the health education instructional program with other disciplines and CSHP components.

Element: D

The teacher:

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- P12 integrates revised learner objectives and instructional strategies with CSHP components with changing student needs.
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- P13 successfully makes adjustments to lessons in progress.
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- P14 accesses effective alternative approaches for students who are unable to achieve mastery and need assistance.

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Standard 4:

The health teacher evaluates the effectiveness of comprehensive school health education.

Key Element A: Health educators develop plans to assess student achievement of program objectives.

Key Element B: Health educators carry out evaluation plans.

Key Element C: Health educators interpret results of program evaluation.

Key Element D: Health educators infer implications of evaluation findings for future program planning.

Knowledge

Key Elements: A, B, C, D

The teacher has knowledge of:

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| K1 | standards of performance as criteria for assessing impact on student learning. |
| K2 | a realistic and feasible evaluation plan that spans health education and CSHP and learn to value each other. |
| K3 | appropriate formative and summative evaluation methods to determine student progress and levels of CSHP implementation and impact. |
| K4 | evaluation results to determine impact of instruction on student learning and group progress based on criteria stated in performance indicators. |
| K5 | techniques to present findings to students, families, school personnel, and community members. |
| K6 | relationships among student outcomes, teacher dispositions and skills, and evaluation strategies. |
| K7 | evaluative techniques to determine and recommend modifications of instructional programs and/or CSHPs. |

Dispositions

Key Elements: A, B, C, D

The teacher:

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| D1 | helps students feel valued for their potential implementation. |
| D2 | recognizes responsibility for engaging in evaluation and supporting appropriate professional practices. |
| D3 | is committed to ongoing self-reflection, assessment, and learning. |
| D4 | is committed to seeking, developing, and refining instructional practices to address individual needs of learners. |
| D5 | values critical thinking. |

Performances

Key Element: A

The teacher:

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| P1 | uses current resources and technology to identify existing data to establish performance criteria. |
| P2 | adapts existing or develops valid and reliable performance-based tools for measuring student outcomes. |

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Key Element: B

The teacher:

P6 utilizes authentic assessment strategies to determine impact on student knowledge and skill.

P7 identifies and addresses common barriers to implementation of evaluation plans.

P8 uses both qualitative and quantitative measurement instruments and data collection methods to implement a comprehensive evaluation plan.

P9 determines effectiveness of CSHP strategies.

Key Element: C

The teacher:

P10 compares evaluation results to findings of similar programs.

P11 uses aggregate data to recommend changes in CSHP components.

Key Element: D

The teacher:

P12 makes recommendations for instructional programs and/or CSHP passed on evaluation results.

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Standard 5:

The health teacher coordinates provision of health education programs and services.

Key Element A: Health educators develop a plan for coordinating health education with other components of a school health program.

Key Element B: Health educators demonstrate the dispositions and skills to facilitate cooperation among health educators, other teachers, and appropriate school staff.

Key Element C: Health educators formulate practical modes of collaboration among health educators in all settings and other school and community health professionals.

Key Element D: Health educators organize professional development programs for teachers, other school personnel, community members, and other interested individuals.

Knowledge

Key Elements: A, B, C, D

The teacher has knowledge of:

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| K1 | the components, the value and the coordination of a CSHP. |
| K2 | existing health related programs and services in the school and community. |
| K3 | gaps and duplication in the provision of CSHP. |
| K4 | facilitating cooperation among school-site staff and staff at other schools and/or the district level. |
| K5 | the role of school health educators as liaisons among CSHP staff and representatives of community-based agencies and organizations. |
| K6 | enhancing communication among health educators and other personnel responsible for community-based agencies and organizations. |
| K7 | approaches for integrating comprehensive health education with community programs. |
| K8 | commonalities and differences among selected health agencies and organizations. |
| K9 | the benefits and challenges of collaboration. |

Dispositions

Key Elements: A, B, C, D

The teacher:

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| D1 | believes in the importance of interdisciplinary learning experiences. |
| D2 | values the role of intrinsic motivation for lifelong learning and for the development of health-enhancing behaviors. |
| D3 | believes in the continuous development of individual students' abilities. |
| D4 | accepts responsibility for establishing a positive climate in the learning setting and the school environment. |
| D5 | realizes the importance of positive peer relationships in establishing a climate for learning. |
| D6 | believes that providing opportunities for learners' input into instructional decisions increases their commitment to learning. |
| D7 | values collaborating with colleagues in all curricular areas including special education, other curricular areas, and other personnel resources. |
| D8 | supports components of CSHP. |

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Performances

Key Element: A

The teacher:

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| P1 | analyzes the benefits of coordinating existing health-related programs and services in the school and community. |
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| P2 | evaluates individual and organizational factors influencing successful coordination. |
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| P3 | facilitates integration of CSHP components. |
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- A vertical line is positioned to the left of the P1, P2, and P3 entries.

Key Element: B

The teacher:

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| P4 | establishes effective communication networks. |
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| P5 | facilitates cooperation related to CSHPs among school-site staff and staff at other school and/or the district level. |
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| P6 | develops plans to address areas of potential disagreement and/or conflict among individuals. |
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| P7 | appropriately applies a variety of negotiation, mediation, and conflict resolution skills. |
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- A vertical line is positioned to the left of the P4, P5, P6, and P7 entries.

Key Element: C

The teacher:

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| P8 | demonstrates knowledge, dispositions and skills to effectively communicate diverse viewpoints about specific health issues to personnel responsible for school and community health-related programs and services. |
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| P9 | develops plans for promoting collaboration among schools and community agencies with common goals, objectives and perspectives. |
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- A vertical line is positioned to the left of the P8 and P9 entries.

Key Element: D

The teacher:

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| P10 | implements and evaluates professional development sessions related to “best practice” in health education and CSHPs. |
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| P11 | uses current, valid, and reliable resources to identify a wide range of strategies for ongoing professional development and Support (e.g., peer coaching, mentoring.) |
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- A vertical line is positioned to the left of the P10 and P11 entries.

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Standard 6:

The health teacher acts as a resource person in health education.

Key Element A: Health educators utilize computerized health information retrieval systems effectively.

Key Element B: Health educators establish effective consultative relationships with those requesting assistance in solving health-related problems.

Key Element C: Health educators interpret and respond to requests for health information.

Key Element D: Health educators select effective educational resource materials for dissemination.

Knowledge

Key Elements: A, B, C, D

The teacher has knowledge of:

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| K1 | basic Internet and communication technologies and applications (e.g., electronic mail, data processing, graphic programs, word processing). |
| K2 | a variety of communication and technology systems that provide on-line learning activities, health information, and current health research aligned with health instructional goals. |
| K3 | data from local, state and national child and adolescent health research to respond to requests for information about health issues, school policy development and adoption of health curricula. |
| K4 | criteria for selection, distribution and evaluation of reliable health information and instructional materials. |
| K5 | effective communication skills in order to act as a consultant with school staff, students, parents, and community stakeholders. |
| K6 | ethical and professional dispositions related to student disclosure and confidentiality, sensitive issues and adherence to school policy and state mandates. |
| K7 | health and safety youth-serving, organizations, agencies, associations, and specialist available for students in need of information or referral. |

Dispositions

Key Elements: A, B, C, D

The teacher:

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| D1 | believes in serving as a positive role model by using various forms of communication. |
| D2 | is committed to serving as a resource for school colleagues, parents/guardians and the community. |
| D3 | is willing to consult and collaborate with others regarding the education and well-being of learners and to improve the school and community climate. |

Performances

Key Element: A

The teacher:

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| P1 | creates a variety of on-line health-related resources and communication technologies. |
| P2 | utilizes an electronic catalog, database or graphic organizer to display and link retrieved health information. |
| P3 | creates computer-based multimedia presentations to disseminate health Information. |
| P4 | assesses various resources and communication technologies for use in designing learning activities that engage diverse students in developmentally- |

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	appropriate, meaningful health-promoting experiences.	P15	based on criteria for effectiveness, selects appropriate health and safety materials from professional organizations, agencies and associations for educational programming.
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Key Element: B <i>The teacher:</i>		P16	creates and disseminates accurate and valid health materials for diverse audiences.
P6	demonstrates dispositions and skills for effective communication (e.g., listening, empathizing, being approachable, problem solving, mediating, negotiating) with other school staff, students, parents, and community stakeholders.		
P7	engages in professional and ethical practices when consulting and handling sensitive issues related to student disclosure and confidentiality.		
P8	explains why district policy and state mandates must be followed when dealing with sensitive issues (e.g., child abuse, suicide).		
P9	reflects on limits of professional training.		
P10	uses appropriate referral systems.		
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Key Element: C <i>The teacher:</i>			
P11	synthesizes research relative to health risks among diverse school-age youth and devises multiple modalities for communicating the requested information.		
P12	uses research data, laws, and professional recommendations as resources and evidence to advocate for youth.		
P13	contacts youth-serving organizations, agencies, and associations for information concerning health and safety.		
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Key Element: D <i>The teacher:</i>			
P14	is aware of national, state, and local organizations/associations that support youth health initiatives and uses publications disseminated by them.		

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Standard 7:

The health teacher communicates health and health education needs, concerns and resources.

Key Element A: Health educators interpret concepts, purposes, and theories of health education.

Key Element B: Health educators predict the impact of societal value systems on health education programs.

Key Element C: Health educators select a variety of communication methods and techniques in providing health information.

Key Element D: Health educators foster communication between health care providers and consumers.

Knowledge

Key Elements: A, B, C, D

The teacher has knowledge of:

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| K1 | health education and identifies current goals, objectives, and practice in diverse settings. |
| K2 | educational, psychological, sociological, and anthropological theory in relation to health education practice. |
| K3 | the historical basis of health education and understands knowledge, dispositions and skills of health educators. |
| K4 | potential impact of social forces, values, and systems on individual and community perspectives related to health issues. |
| K5 | strategies for dealing with controversy related to health education needs and concerns. |
| K6 | delivering health-promotion messages clearly and concisely. |
| K7 | a range of strategies for communicating health information to individuals, small groups, and large groups. |
| K8 | factors influencing students' and parents' understanding of health information and acceptance of health services. |
| K9 | how to act as liaison between students, parents, and staff. |

Dispositions

Key Elements: A, B, C, D

The teacher:

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| D1 | realizes the importance of communication skills and technological advances. |
| D2 | appreciates the cultural dimensions of communication and seeks to foster sensitive interactions with and among Learners. |
| D3 | values the many ways in which people seek to communicate and encourages many modes of communication in the classroom. |
| D4 | values being a thoughtful and responsive listener. |
| D5 | respects learners' privacy and the confidentiality of information. |

Performances

Key Element: A

The teacher:

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| P1 | applies educational, psychological, sociological, and anthropological theories to health education, health promotion, disease prevention and disease control. |
| P2 | discusses historical trends in health education as they relate to current practice and the future of the profession. |

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Key Element: B

The teacher:

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- P3 describes how changes in societal values, norms, and priorities can impact health education practice.
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- P4 applies a wide range of strategies to deal with controversial health issues.
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- P5 delineates steps to effect social change.

Key Element: C

The teacher:

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- P6 uses multiple strategies to communicate health information to diverse consumers.
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- P7 effectively uses multiple channels (e.g., oral written, graphic, electronic) to deliver healthy-promoting messages.
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- P8 applies social marketing principles to develop effective public service announcements and other health communications.

Key Element: D

The teacher:

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- P9 discusses the inter-relatedness of personal, family, community, and societal factors on access to health information.
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- P10 advocates for health, health education, and/or CSHPs.